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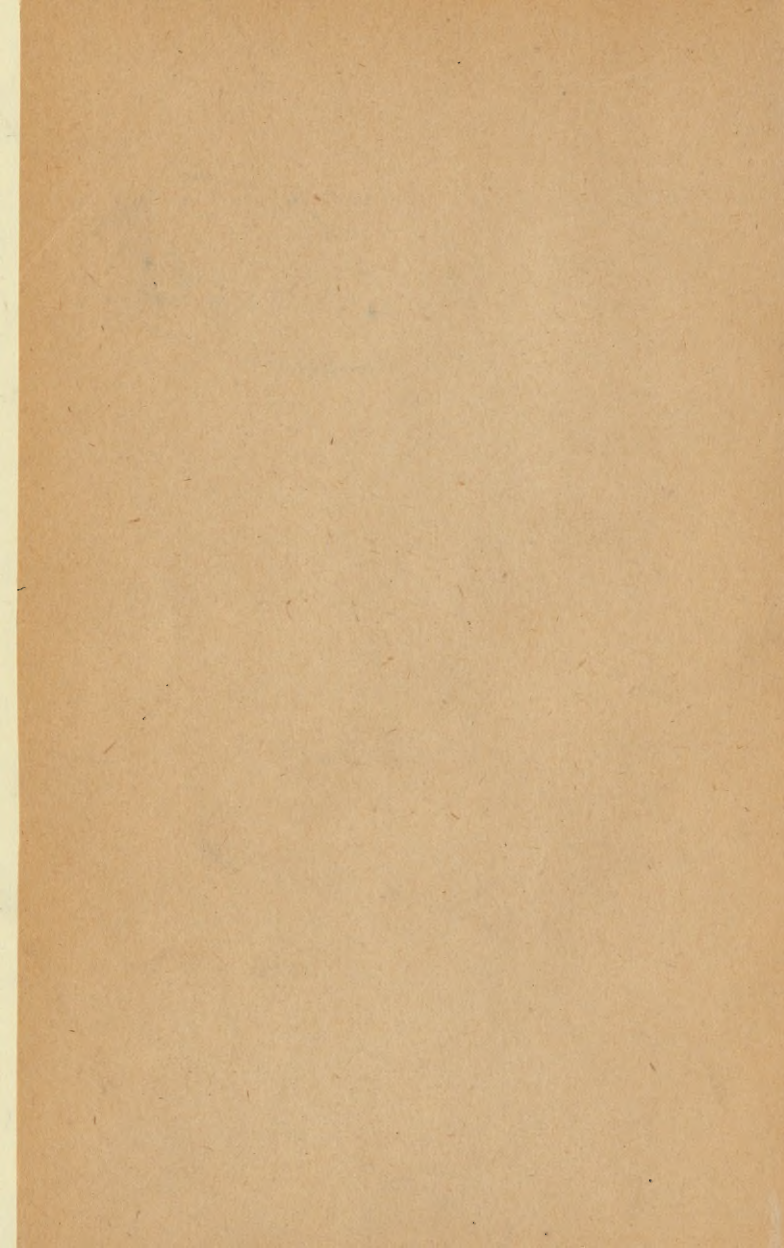
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POINTS

ON

PRACTICE



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TO THE STUDENT.

This work is an outgrowth of the authors' experience as students in the medical department of the University of Buffalo. In common with many students, they felt the necessity of selecting, separating and collocating for the purposes of quizzing and review the really essential points of the lectures given. It is believed that nothing intrinsically important in the course of lectures delivered by Prof. C. G. Stockton, on "The Theory and Practice of Medicine," has been omitted with one exception, and that one is the subject of physical diagnosis, which is too comprehensive and complicated to admit of adequate treatment in a work of this character. The student is advised to secure a copy of the excellent treatise recommended by Dr. Stockton, "On Exploration of the Chest," by Stephen Smith Burt, M.D.

On the other hand, nothing superfluous or non-essential has been retained. It contains only those points which the student must know. It is not intended as a substitute for attendance at lectures.

The lectures must be had to make this work complete, but it is believed that it furnishes most important aid to rapid and effective quizzing and review.

GEORGE W. TONG, M.D.

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POINTS ON PRACTICE.

ESSENTIALS OF THEORY AND PRACTICE, BASED UPON THE
LECTURES DELIVERED AT THE UNIVERSITY
OF BUFFALO.

DEFINITIONS.

Ideal health is the equilibrium of the internal forces of an organism and the resistance of its environment.

Disease is any disturbance of the equilibrium of health.

Death results from the exhaustion of the vital forces of an organism.

Nosology treats of the classification of diseases.

Diseases are structural or organic, and functional, or those without structural changes.

Etiology is the doctrine of the causes of disease.

Temperament is an inherited peculiarity of constitution which separates humanity into physical classes with dissimilar characteristics or tendencies. Temperament is divisible into four classes—the sanguine, the nervous, the bilious, and the lymphatic or phlegmatic.

Idiosyncrasy is an individual peculiarity of constitution and susceptibility.

Diathesis is any tendency, inherited or acquired, which is liable to cause an individual to suffer through life or for a long time from a particular form of disease.

Cachexia is a diathesis developed into a disease.

Causes of disease are internal; as over-study, worry, anger, uræmia, etc., or external, as wounds, infection, virus, etc.

Causes are also divided into predisposing and exciting.

Predisposing causes are those which increase the vulnerability of an individual to a disease; as age, sex, temperament, lactation, idiosyncrasy, etc.

Exciting causes are those which contribute directly to bringing on an attack of the disease; as cold, heat, exposure, etc.

General causes operate in a number of affections; as cold, poor ventilation, dampness, etc.

Special or specific causes produce a particular form of disease; as the virus of syphilis.

Contagion is an agent arising in a specifically diseased body which, when introduced into another body, will produce the same disease.

Infection is any causative agent which, under certain conditions, will multiply indefinitely.

Some diseases are both contagious and infectious; *e. g.*, small-pox.

Idiopathic diseases are those which are self-developing.

Bacteria constitute the "contagion vivam," so called.

Bacteria are divided into three general classes: the bacillus, or rod shaped; the micrococcus, or berry shaped, and the spirillum, or spiral shaped.

Semeiology or symptomatology is the doctrine of the signs and symptoms of disease.

Symptoms accompany disease as shadows follow substance, and represent concurrent circumstances.

Signs are phenomena discovered by physical exploration; as bronchophony, or a crepitant râle from auscultation of the chest.

Diagnostic symptoms are those which allow one to distinguish between diseases.

Pathognomic symptoms are those peculiar to one disease; as rusty sputum in pneumonia.

Disease may often conveniently be divided into three stages: that of invasion, course and convalescence.

Prodromic symptoms are those found in the incubation of disease.

Sequelæ are morbid conditions resulting from disease.

Diagnosis is the art of determining the character and location of disease.

Diagnosis by exculsion is by proving the absence of all diseases except one which could give rise to the symptoms.

Differential diagnosis is discriminating between diseases which give rise to somewhat similar symptoms.

Physical diagnosis is the art of applying the special senses of the physician to the determination of disease.

Prognosis is, forecasting the probable termination and course of the disease.

Prognosis depends upon the race of the patient, family history, personal history, diathesis, use of alcohol, complications, etc., as well as the severity of the disease.

Inflammation is an interference with cell nutrition, marked by redness, heat, pain and swelling.

Hyperæmia is of two classes, active and passive.

Active hyperæmia is followed by passive hyperæmia, which, if it goes on, is succeeded by stasis and then exudation.

Edema is usually not of inflammatory origin, but the serum oozes through the blood vessels, owing to the weakness of their walls.

Serum exudate is not normal serum.

White blood corpuscles are also called leucocytes.

An exudate is in character either serous, fibrinous, purulent or hæmorrhagic.

Fibrin is formed by the fibrinogen of the blood and fibrinoplastic qualities of the white cells meeting under certain conditions.

Fibrin, invaded by bacteria, breaks down forming pus.

Mucous membranes may undergo catarrhal or croupous inflammation.

Catarrhal inflammations are acute, sub-acute or chronic in character.

In croupous inflammation, beside a secretion of mucus, there is a formation of fibrin.

Parenchymatous inflammation is an inflammation of the parenchyma, or functioning part of an organ, and may be acute, sub-acute or chronic.

Interstitial inflammation is an inflammation of the stroma or connective tissue of an organ.

The products of inflammation, when invaded by bacteria, form pus.

Pus terminates by being absorbed and passing off by lymphatics, by burrowing out, or by undergoing caseation.

Caseation, or caseous degeneration, comes about by the liquid portion of the pus being absorbed and the solid constituents hardening. The process may go on and the cheesy portion break down with the formation of a cavity, or it may become encrusted with lime salts, and thus undergo calcareous degeneration.

PULSE.

The pulse is an expansion of the artery, produced by a wave of blood set in motion by the injection of blood into the aorta from the ventricular systole, and is usually felt in the radial artery at the wrist.

The tidal wave is the wave that passes through the artery, and is more rapid in progress than the blood itself.

Dicrotic wave is a recoil wave from the closed aortic valves.

Dicrotic pulse is found in fevers and those conditions in which the artery is large, partly empty, with absence of pressure and tension.

In palpating pulse examine for frequency, rhythm, magnitude, tension, celerity, regularity and secondary wave.

Normal pulse in males ranges from 60 to 80 beats per minute. There exists greater variation in females.

An infant's pulse at birth will be found at from 110 to 140 beats; during its first year from 110 to 120; at ten years of age about 90 beats.

Short people have a more frequent pulse. Heat and exercise increase the pulse rate.

FEVER.

Fever, or pyrexia, is that disturbance of an organism marked by a rise of temperature.

Fevers are classed in general as asthenic or adynamic, and sthenic or dynamic.

A typical fever has four stages: the initial stage, the *fatigium* or course, the *acme* or height, and a period of *defervescence* or *convalescence*, which comes on by *lysis* or *crisis*.

Some fevers, so called, are characterized by sub-normal temperatures.

Temperature is taken in the axilla, under the tongue, in the rectum, or in the vagina.

EXAMINATION OF THE TONGUE.

The tongue is examined as to its form, surface, fissures, color, coating and sensibility. As to form, find whether it is large or small, long and slender, or broad and flabby.

Impoverished blood gives a broad, flabby tongue, marked with indentations of the teeth.

Nervous people are apt to have slender tongues of much consistency and quickly extended.

Idiots and those suffering with acute diseases usually have broad and flabby tongues.

In examining the surface of the tongue, find if it is very smooth, whether the *papillæ* extend high or are wanting, if the *épithélium* is gone, and if the tongue has a velvety look.

In wasting diseases the tongue is apt to be fissured.

Color of the tongue is important, and the under surface of the tongue should always be examined for the true color.

Coating of the tongue is distinct from the color, and is made up of *mucus*, *saliva*, etc.

Movements of the tongue give an idea of the mental state of the patient.

Sensibility of the tongue refers to its tactile and gustatory impressions.

CORYZA.

Description.—Also known as *catarrh* and *rhinitis*; is an inflammation of the mucous membrane lining of the nose and

communicating cavities, and may be acute, sub-acute or chronic.

Etiology of the Acute Form.—Irritating vapors, micro-organisms, cold and exposure.

Morbid Anatomy.—Hyperemia of mucous membrane, attended by redness, swelling and dryness. Veins are turgid, œdematous. Infiltration follows with marked secretion, which is thin at first and becomes thick, purulent; if very severe, hæmorrhagic.

Symptomatology.—Lassitude, feverishness, dryness of nares, followed by abundant watery, acrid secretion.

Treatment Acute Coryza.—Balance circulation, hot foot-bath, tincture aconite two drops every half hour, bromide potassium in full doses, quinine in large doses, Dover's powders ten grains at bedtime, cathartics early.

Local Treatment.—Spray with cocaine; iodine or menthol vapor inhaled.

CATARRHAL PHARYNGITIS.

Synonyms.—Catarrhal tonsillitis, angina catarrhalis, acute "sore throat."

Description.—An acute catarrhal inflammation of the mucous membrane of the uvula, soft palate and pharynx.

Etiology.—Same as that of acute coryza.

Symptomatology.—Feverishness, thirst, dryness in the throat, painful deglutition, constant desire to clear the throat.

Treatment.—Same as in parenchymatous tonsillitis.

PARENCHYMATOUS TONSILLITIS.

Synonyms.—Quinsy, true tonsillitis, amygdalitis.

Description.—Acute parenchymatous, inflammation of one or both tonsils, with a tendency toward suppuration.

Etiology.—Exposure, colds, etc., while system is below par.

Symptomatology.—A chill, rise of temperature, dry skin, loss of appetite, marked prostration. On inspection whole side of throat appears swollen, uvula is pressed to one side, marked

swelling under the jaw, sub-maxillary glands involved some times. Mouth opened with difficulty and pain. Smooth, swollen tonsil, may be felt with the finger. Fluctuation anteriorly follows, patient becomes almost speechless, voice has peculiar tone called "sore-throat voice."

Prognosis depends on the condition of the patient.

Differential Diagnosis.—In syphilitic affections have deeper infiltration with punched-out look of ulcer of uvula or palate. In tuberculosis have a history of the case. In scarlet fever there is a cyanosed look to the skin, with characteristic fever and pulse rate.

Treatment.—Prophylactic, prevent taking cold, avoid overheated rooms, cold rooms at night, increase the tone of the vaso-motors by exercise, proper diet, rest. Accustom body to cold by cold baths.

Treatment by Drugs.—Open the bowels with castor oil or salines or calomel, followed by saline cathartic. Open the skin by aconite, small doses of Dover's powders; act on kidneys with sweet spirits of niter: as local treatment may use alkaline sprays, Seiler's solution, or inhale menthol.

FALSE CROUP.

Synonyms.—Spasmodic croup, catarrhal croup.

Description.—An acute catarrhal inflammation of larynx, associated with spasmodic contraction of the glottis.

Etiology.—Difficult dentition, diet, excesses, atmospheric changes, hereditary.

Symptomatology.—Child awakened in night by suffocative paroxysm; harsh, ringing cough; throat dry, too hoarse to cry; struggles for air.

Prognosis.—Favorable, perspiration established, child falls asleep toward morning.

Treatment.—Emetic at once; after emesis, 15 to 20 drops of paregoric. To produce emesis use syrup ipecac 10 drops every 15 or 20 minutes. Antipyrine in 2 or 3 grain doses may be useful; hot applications on throat useful, but avoid wet

applications. The next day give a purgative; have the supper light: wake the child after the first half hour's sleep and give 10 drops syrup ipecac.

TRUE CROUP.

Synonyms.—Croupous laryngitis, membranous croup.

Etiology.—Inherited tendency, age from 1 to 7 years most prone; climate, previous illness.

Clinical History.—Comes on gradually, child hoarse, rough breathing during the night, harsh cough; next day febrile condition perhaps, constipation; at night peculiar, metallic cough; persisting development, aphonia, membrane formed.

Prognosis.—Unfavorable.

Treatment.—Sustain the patient; use emetics sparingly: spray lime water, use turpentine vapor, or dissolve membrane with papain. In cases not amenable to drugs resort to O'Dwyer's tubes or tracheotomy.

DIFFERENTIAL DIAGNOSIS.

TRUE CROUP.

Begins any time.
Symptoms slight at first.
Cough harsh and rough.
Aphonia, or voice a weak whisper.
Membrane always.

TRUE CROUP.

Membrane lies on mucous membrane
and is easily removed.
No fetor to breath.
Membrane invades larynx from
below.

FALSE CROUP.

Begins at 10 to 12 o'clock P. M.
Severe at first.
Cough loud and ringing.
Voice harsh.
No membrane.

DIPHTHERIA.

Membrane infiltrates surrounding
membrane and is adherent.
Breath fetid.
Invades larynx from above.

DIPHTHERIA.

Description.—Specific, contagious, infectious disease, characterized by croupous exudate, fibrinous in character, involving mucous and sub-mucous surface and abraded surfaces in other parts of the organism. Exudate contains several kinds of bacteria. Exudate usually appears in pharynx and spreads rapidly. It forms as a thin pellicle, thickens, becomes leathery in appearance, varies in color from yellowish gray to black.

Etiology.—Contagion vivam from filth or defective sewerage.

Symptomatology.—General symptoms are malaise, a rigor, temperature 102 degrees to 104 degrees, pulse bounding, anorexia, backache, vomiting, *marked prostration*, characteristic odor.

Local Symptoms.—Coated tongue, sore throat, exudate in pharynx rapidly spreading, cough, discharge from the nose, enlarged lymphatics, aphonia, difficult inspiration.

Unfavorable Symptoms.—Pulse weak and rapid, convulsions late on, coma and hyperemesis late in the course of the disease.

Pathology.—Exudate spreads rapidly, thickens, sloughs, may become gangrenous; the blood is dirty brown in color, corpuscles rapidly destroyed with resultant anæmia: heart becomes soft, weak, fatty; spleen enlarged and softened: kidneys subject to parenchymatous degeneration: neuritis common.

Sequelæ.—Bright's disease, paralysis, albuminuria, neuritis, anæmia.

Treatment.—Prophylactic regarding hygiene, sanitation, looking to sewage and disinfection. Actual treatment, balance circulation, full diet, stimulants, hypernutrition, using hot milk, oysters, eggs, wine, whisky, etc. Quinine in 3 or 4 grain doses several times daily, calomel to keep bowels open.

Local Treatment.—Spray with officinal solution permanganate of potassium every hour, or bichloride mercury, grain 1 to water 4 ounces with a little alcohol; or hydrogen peroxide one part to three of distilled water: may alternate with the sublimate solution, using each every three hours.

Differential Diagnosis.—*Croup*—Absence of chill, no albuminuria, exudate does not extend into nose and adjacent cavities, laryngeal symptoms before pharyngeal, no glandular involvement. *Scarlet Fever*—Characteristic eruption usually, "strawberry tongue," fever higher usually. *Lacunar Tonsillitis*—Systemic disturbance light, ulceration limited to tonsils, no glandular enlargement, no palsies.

ACUTE BRONCHITIS.

Description.—Inflammation of the trachea and larger bronchial tubes, usually of both lungs.

Etiology.—Exposure to cold when system is vulnerable, microorganisms, irritating gases and vapors.

Morbid Anatomy.—Hyperemia of the part, constriction of the chest, dryness, followed by exaggerated secretion, expectoration of serum, becoming purulent, with some blood perhaps, and typical epithelium of the part.

Clinical History.—Cold in the head, extending rapidly downward: malaise, headache, loss of appetite, chill, fever about 103 degrees, pulse may be 112, cough dry at first, afterwards copious secretion.

Physical Diagnosis.—*Percussion*—Gives resonance of health. *Auscultation*—Respiration pulmonary with sonorous and sibilant breathing, sub-crepitant and mucus râles.

Prognosis.—Favorable when uncomplicated or not following septic diseases, except in very young or old.

Treatment.—Balance circulation with saline cathartics, sweet spirits niter and Dover's powders. Give carbonate ammonium for cough. In sthenic conditions give one-fifth grain of tartar emetic; repeat until depression produced, giving warm drinks. Later along may use bitter tonics, iron, arsenic, strychnine, hypophosphites, pulmonary gymnastics.

ACUTE CAPILLARY BRONCHITIS.

Description—Inflammation of the small bronchial tubes or bronchioles, involving the larger tubes only secondarily.

Etiology.—From extension of acute bronchitis, or secondary to Bright's disease, typhoid, typhus fever, etc.

Clinical History.—Dyspnea greater than in simple bronchitis, cyanosis, chill, fever 102 to 103 degrees usually, pulse 120 to 160, respiration 40 to 60; cough hacking, painful and dry; marked restlessness, expectoration scanty.

Unfavorable Symptoms.—Respiration growing more shallow, pulse fluttering, cyanosis becoming more marked.

Physical Diagnosis.—*Percussion*—Dullness at base of lungs, infra-clavicular resonance increased sometimes. *Auscultation*—But little pulmonary breathing, intense sibilant breathing, expiration prolonged, bronchial breathing at times, sub-crepitant râles.

Differential Diagnosis.—*Lobar Pneumonia*—Crepitant râle, rusty sputum, dullness on percussion, cyanosis and dyspnoea less marked. *Lobular Pneumonia*—Profuse expectoration, crepitant râle, dullness in patches or over whole lung, fremitus increased, bronchophony. *Neurotic Bronchitis*—History of neurosis; occurs in neurotic adults and in children. *Edema Lungs*—Signs of œdema, profuse frothy expectoration.

Treatment.—When sthenic, venesection or antimony tartrate as depressent; for cough, ammonium carbonate, turpentine stupes on the chest; for dyspnoea use by inhalation oxygen three volumes to nitrous oxide one volume.

CROUPOUS BRONCHITIS.

Description.—An inflammation of the bronchial tubes, marked by a fibrino-plastic exudate.

Etiology.—Exposure to damp and cold; secondary to phthisis, asthma and emphysema.

Symptomatology.—Much like simple acute bronchitis; shreds of exudate and casts are coughed up; dullness exists in patches in lungs, and breathing is suppressed in parts where bronchi are plugged.

Treatment.—Stimulation, balance circulation; inhalation of oxygen and lime vapor.

CHRONIC BRONCHITIS.

Description.—Disease of the large, medium and rarely small bronchi of both lungs, leading to atrophy, or may have exudate and new tissue formation.

Etiology.—Diathesis, climate, occupation; secondary to rheumatism, gout, phthisis, toxæmias, acute bronchitis.

Symptomatology.—Marked symptoms are cough, expectoration, dyspnoea and emaciation from failure of nutrition.

Physical Diagnosis.—*Inspection*—Breathing somewhat hurried. *Percussion*—Normal resonance. *Auscultation*—Sibilant and sonorous breathing, mucus râles, sometimes gurgling râles.

Treatment.—Treat the cause. For the cough use sprays and the balsams; improve nutrition by tonics and alteratives.

ASTHMA.

Varieties.—Bronchial, reflex, cardiac, neurotic, renal and hay asthma.

Etiology.—Diathesis, hepatic disorders, exanthemata, climate.

Clinical History.—Patient complains of dryness and tickling of respiratory tract, is awakened usually about midnight with suffocative paroxysm, constriction of the chest and intense dyspnoea, inspiration is shorter, expiration prolonged, difficult and wheezy. The extremities are cold, the pulse of high tension, a distressing cough is a usual concomitant, and expectoration often contains asthma crystals, so called.

Morbid Anatomy.—The mucous membrane of bronchial tubes is injected, with spasm of muscular fiber, making inspiration difficult and expiration more difficult.

Treatment.—Treat the cause; a change of climate or occupation often beneficial. During paroxysm a hypodermic of morphine or atropine; ipecac in full doses; nitrite amyl by inhalation; nitro-glycerine or nitrite sodium; sweet spirits niter with syrup poppy; belladonna, stramonium, cannabis indica, niter, etc.

ATELECTASIS.

Description.—A collapsed condition of the lung, or a portion of it, sometimes congenital; at times acquired by complete occlusion of bronchi. It is often found in the insane, who are prone to swallow foreign bodies.

Symptomatology.—When complete the vesicular murmur is absent. If sufficient lung involved will have dullness on percussion; may even in some cases get bronchophony.

BRONCHIECTASIS.

Description.—A bulging or sacculation of bronchial tubes from lack of tonicity; apt to follow atelectasis.

Symptomatology.—When cavity is empty and sufficiently large have amphoric breathing, and amphoric or “cracked pot” resonance. When cavity is full or partly full of fluid have sounds accompanying those conditions. Cough more or less severe, at times profuse, fetid expectoration.

Differential Diagnosis.—*Phthisis*—Dullness precedes cavity formation; area of dullness around the cavity; hectic fever; progressive symptoms; clinical history. *Bronchiectasis*—Area of dullness diminishes or disappears when contents of cavity are expectorated.

Treatment.—For atelectasis use forcible respiration; the pneumatic cabinet good. For bronchiectasis improve general health, treat the bronchitis, use myrtol for fetid expectoration.

EMPHYSEMA.

Description—The term emphysema is used to indicate the presence of air in the system where it should not be. There are two general varieties, the interlobular, which is the presence of air between the lobules of the lungs underneath the pulmonary plura, and the vesicular, which is subdivided into true and false varieties.

True Emphysema.—This is where the dilatation of the air cells is permanent, and results from the weakness, stretching or giving away of the walls of the air spaces.

False Emphysema—Is a temporary distension of the air cells, owing usually to loss of function in one lung, and overstraining of the other.

True Vesicular Emphysema.—Is apt to involve both lungs; they are distended with residual air, and overlap each other.

The diaphragm is pressed down, the ribs raised and the spaces between them bulge outward.

Etiology.—Hereditary, straining, laborious occupation, chronic bronchitis and asthma.

Symptomatology —Puffy respiration with slight chest expansion of one to one and one-half inches; emaciation, cyanosis of face and hands, barrel-shaped chest, dyspnea.

Physical Diagnosis.—*Percussion* note is tympanitic, usually high pitched and of great intensity. *Auscultation*—Inspiration short and feeble; expiration prolonged and low-pitched; sibilant and sonorous breathing at times. *Vocal Resonance* is diminished. *Vocal Fremitus* is absent.

Treatment —Preventive, passive exercise, relieve cough, check profuse expectoration with a solution of hydrobromate of quinine.

CONGESTION OF THE LUNGS.

Description.—Three varieties are recognized, viz., active, passive and hypostatic congestions. The active results from an accelerated circulation, with abnormal fullness of the capillaries of the air cells; the passive is caused by an impeded outflow from the capillaries; hypostatic, from lack of tone of the blood vessels, which in their relaxed condition fill with blood. It usually follows low fevers or Bright's disease, and is often associated with œdema.

Active Congestion.—*Etiology*—From hypercardiac action vaso-motor paresis; influx of blood to the lungs; irritating vapors; exposure to cold, etc.

Symptomatology.—Hurried respiration, dyspnea, cough dry at first; after a time abundant expectoration of frothy mucus, often flecked with blood.

Physical Diagnosis.—On percussion have relative dullness, and auscultation gives lessened pulmonary respiration, coarse and sub-crepitant râles.

Differential Diagnosis.—In œdema have the clinical history, and from the beginning profuse expectoration of frothy, watery serum.

Passive Congestion.--*Etiology*.—Obstruction to venous circulation: valvular disease of the heart, dilated heart, Bright's disease, etc.

Symptomatology.—Differs little from the active form, except that it develops much more slowly.

Treatment.—In the active form, venesection, wet cups, aconite, veratrum; in the passive, caffeine, digitalis, alcohol, strychnine, hydrobromate quinine; balance circulation.

PULMONARY ŒDEMA.

Etiology.—Always secondary from passive congestions, phthisis, pneumonia, general anasarca, etc.

Symptomatology.—Much like symptoms of congestion with addition of profuse expectoration, and coarse, gurgling râles.

Treatment.—Symptomatic, treat primary disease, carbonate ammonium, heat, strychnine, alcohol.

BROWN INDURATION OF LUNGS.

Description.—Also termed splanification of lungs. The lungs undergo low type of inflammation, with cell proliferation: they become dark colored and specked and do not collapse on exposure to air.

Etiology.—Obstruction of pulmonary circulation, atelectasis, essential fevers.

Treatment.—Same as in passive congestion.

PULMONARY APOPLEXY.

Description.—Escape of blood into parenchyma of lungs, resulting usually from disease of the walls of the arteries.

Etiology.—Arterial degeneration, Bright's disease, etc.

Symptomatology.—Pain over region of ruptured vessel, dyspnœa, expectoration of blood.

Physical Diagnosis.—*Percussion.* Dullness more or less limited. *Auscultation.*—Cessation of respiratory murmur in the part; gurgling râles often present.

Treatment.—Symptomatic, rest, anodynes at the time, later pulmonary gymnastics.

PULMONARY INFARCTION.

Description.—Results from an embolus from the right side of the heart entering the lung and plugging part or a whole of a lobe.

Symptomatology —Sudden pain, usually less severe than in apoplexy; cyanosis and dyspnea if much lung involved.

Physical Diagnosis. — *Percussion* — Localized dullness. *Auscultation*—Absence of respiratory sounds in the part. *Vocal resonance* increased. *Vocal fremitus* increased.

Treatment.—Symptomatic, inhalation of oxygen.

ABSCESS OF THE LUNGS.

Etiology.—From traumatism, septic emboli, tuberculosis.

Symptomatology.—Onset sudden, usually signs of septicaemia, absence pulmonary sounds in the part, dullness or flatness on percussion.

Treatment.—Remove cause, symptomatic.

GANGRENE OF THE LUNGS.

Etiology.—Putrid bronchitis, pneumonia, foreign bodies, acute and chronic diseases.

Symptomatology.—Fœcal odor to the breath, fever, putrid expectoration, great in amount, with shreds of lung tissue. Physical signs are those of abscess.

Treatment.—Antiseptic sprays, tonics, surgical operation perhaps.

LOBAR PNEUMONIA.

Description.—Also called frank pneumonia, croupous pneumonia, lung fever, pleuro-pneumonia, is an acute, general, specific disease with local manifestations in the lungs. It is

really an essential fever with lung complications. It is a disease of adult life, males being more liable, and prevails in warm rather than cold climates.

Etiology.—Specific microörganism: probably the pneumococcus of Friedlander.

Pathology.—The morbid anatomy may be considered in three stages: that of congestion, red and gray hepatization, and that of resolution, or, in some cases, purulent infiltration.

Stage of Congestion—Lasts from twelve to forty-eight hours: hyperæmia of vessels of alveoli, lung reddish brown, exudation of serum, epithelium and leucocytes into the air spaces: bronchioles engorged.

Stage of Hepatization—Lung red colored and like liver, the affected part being solid, has a dry granular appearance, more engorged than in first stage, does not crepitate to the touch, fibrin in the air vesicles, exudate invades connective tissue, pleuritis frequently present. As the red hepatization passes into the gray, the lung becomes mottled and then gray, owing to existing anemia, discoloration of corpuscles and the presence of pus and fibrin.

Stage of Resolution—Lung begins to clear up, exudate liquified and is absorbed, cellular portion undergoes fatty degeneration and is absorbed or expectorated. If lung undergoes purulent infiltration, it changes from gray to yellow, softens and breaks down and abscesses form.

Symptomatology.—Prolonged malaise, or may have abrupt onset: severe chill: fever is high early, 104 degrees or 105 degrees (in third stage, temperature may be sub-normal), cough shrill and suppressed; dyspnœa, shallow respiration, 50 to the minute sometimes; pulse rapid but not in proportion to the fever, pain in the affected region, characteristic sputum, small in amount, very sticky and tenacious and rusty colored: tongue dry and coated, urine high colored, contains uric acid, and with chlorides diminished or absent: face cyanosed and mahogany spot on the cheek.

Variations.—May pass into typhoid state, or may simulate malaria; delirium may be present or lung symptoms absent.

Physical Diagnosis—*First stage*—On *inspection*, movement of affected side restricted; on *palpation* vocal fremitus increased; on *percussion*, slight dullness; on *auscultation*, marked diminution of respiratory murmur, and at latter part of the stage have the crepitant râle. *Second stage*—On *inspection*, movement more restricted; on *palpation*, vocal fremitus increased; on *percussion*, dullness or flatness; on *auscultation*, bronchial breathing, first in expiration then also in inspiration; bronchophony and sometimes pectoriloquy. *Third stage*—Restricted movement of chest less, crepitant râle redux associated with bronchial breathing, then broncho-vesicular breathing, dullness disappearing in patches, sub-crepitant râle. In case of *purulent infiltration*, dullness is long continued, and if a cavity is formed there is amphoric breathing and other signs of a cavity.

Prognosis.—Double pneumonia and pneumonia of drunkards are very serious. Unfavorable symptoms in general are a frequent feeble pulse, great dyspnoea, marked cyanosis, much delirium, expectoration of "bilious" or "prune juice" sputum and typhoid complications.

Treatment.—Hypernutrition early, pure air, rest, balance circulation, saline purgatives, turpentine stupes, hot foot-baths. In sthenic cases venesection, wet cups, arterial sedatives and the cold pack. In asthenic patients, stimulants, alcohol and heart tonics when indicated.

LOBULAR PNEUMONIA.

Description.—Also called catarrhal or broncho-pneumonia, affects the lobules of the lungs, or may be confined to one lobule. It is apt, however, to affect both lungs and be more disseminated than lobar pneumonia.

Etiology.—It is always secondary to other diseases, as Bright's, diabetes, essential fevers, bronchitis, measles, or may result from traumatism.

Morbid Anatomy.—The small, medium and large bronchial tubes are congested and become covered with a viscid secretion.

the air sacs are inflamed; an exudate is poured out, filling the airspaces and plugging the bronchi; bronchiectasis and atelectasis often result.

Symptomatology.—Comes on gradually. Sense of chilliness, irregular fever, hurried respiration, painful cough, expectoration soon becomes profuse, pulse rapid, symptoms of primary disease. Gastro-enteritis a frequent accompaniment in children.

Physical Diagnosis.—*Percussion* gives dullness in spots. *Auscultation*—Absence of breathing in spots, in others bronchial breathing, and in other spots vesicular breathing; bronchophony present. *Palpitation*—Fremitus increased.

Differential Diagnosis.—Distinguished from lobar pneumonia by its secondary character, the absence of the pneumococci, the presence of chlorides in normal quantity in the urine, its gradual onset, the irregular fever, the profuse expectoration, absence of the crepitant râle and presence of the sub-crepitant râle, the respiratory sounds disseminated in both lungs in patches, dullness in patches, its indefinite course as an inflammatory fever in contrast with the essential fever character of lobar pneumonia.

Treatment.—Treat the cause. Balance circulation, treat like lobar pneumonia, making allowance for its more chronic course. As expectorants may use apomorphine, ammonium salts or senega.

PNEUMO-NO-CHONIASIS.

Description.—A condition of the lung resulting from habitually inhaling dust and foreign substances. Coal-heavers, grain-shovelers and axe-grinders are subject to this affection. Chronic irritation is caused by the dust inhaled, with resulting growth of connective tissue. Pigmentation of the lung results from the coloring matter of the dust becoming imprisoned in the epithelium, or passing into the lymphatics and being deposited. The lung becomes firmer in texture, and fibroid pneumonia is the result.

FIBROID PNEUMONIA.

Description.—Also called interstitial pneumonia, results from pneumo-no-choniasis, or may follow any form of slow irritation in the lungs.

Pathology.—There is an increased growth of stroma, the lung hardens and contracts, encroaching on air spaces, catarrhal inflammation is set up, the chest becomes retracted. Fibroid pneumonia is converted into fibroid phthisis by the presence of the bacillus tuberculosis.

Treatment.—Change of occupation and climate, remove cause, treat symptoms as they arise.

PLEURISY.

Description.—A fibrinous inflammation of the pleura, either acute, sub-acute or chronic.

Etiology—Secondary to acute and chronic lung diseases, Bright's disease, rheumatism, taxæmias; from traumatism sometimes.

Morbid Anatomy—Hyperæmia of pleural surfaces, exudate of fibrin and serum, infiltration of connective tissue, granulation tissue growth, pleura agglutinated usually, adhesive bonds of fibrin, sometimes of granulation tissue.

Symptomatology.—Severe pain, increased on motion and respiration; fixed position; cough suppressed; painful and dry at first; fever 101 to 102 degrees usually; chill slight or absent; onset slow, anorexia and constipation; tongue with white, frosty coating.

Physical Diagnosis.—*Inspection*—Motion on affected side constricted; before effusion chest retracted; after effusion side distended; cardiac impulse displaced. *Percussion*—Lessened resonance at first, then dullness or flatness over site of effusion; tympanitic note above the fluid. *Auscultation*—Friction sound on inspiration during stage of congestion; breathing vesicular, but feeble and jerky; during stage of effusion vesicular murmur is feeble or absent, and above the fluid the breathing is puerile. *Vocal resonance* is diminished or absent over site of

the fluid, with ægophony at the upper margin. During stage of absorption vesicular murmur returns, associated with a moist friction sound.

Sub-acute Pleurisy.—The pain is less or may be absent, malaise, evening fever, short, harassing cough, night sweats, pulse small and frequent.

Chronic Pleurisy.—Irregular chills, fever, night sweats, dyspnoea, embarrassed circulation.

Treatment.—Balance circulation; purgative of calomel, followed with saline cathartic; rest; opiates for pain; venesection sometimes; aspiration when indicated; Martin's rubber bandage to secure rest of the part.

DIFFERENTIAL DIAGNOSIS.

PNEUMONIA.

Chill severe.
Fever marked.
Cough with rusty sputum.
Heart impulse normal condition.
Friction fremitus absent.
Vocal fremitus increased.
Crepitant r le.
Bronchial breathing.

PLEURISY.

Chill slight or absent.
Fever low or absent.
Cough dry or frothy sputum.
Heart impulse displaced.
Friction fremitus present.
Vocal fremitus absent or slight.
Friction sound.
Vesicular breathing feeble or absent.

PYOTHORAX.

Description.—Also called emphyema and purulent pleurisy, is where the effusion of pleurisy contains or is made up of pus. It may result from tubercular trouble or develop from acute, sub-acute or chronic pleurisy.

Symptomatology.—Irregular chills, hectic fever, emaciation, waxy look, septic symptoms. Physical examination gives the signs of effusion, and aspiration leads to the discharge of deeply stained matter, containing pus and micro rganisms.

Treatment—Free incision in chest, evacuate fluid; symptomatic.

PNEUMOTHORAX.

Description.—An accumulation of air in the pleural cavity, resulting from perforation of the pleura from the lungs or from chest wall, due to traumatism and tuberculosis, lung abscess, etc.

Symptomatology.—Intense dyspnoea, coming on suddenly; sudden pain; cyanosis; a feeling of distention; state of collapse sometimes.

Physical Diagnosis.—*Inspection*—Chest on affected side distended, intercostal spaces bulging outward. *Palpation*.—Air cushion feel. *Percussion*—Tympanitic or amphoric resonance; if effusion of blood occurs, dullness over lower chest region. *Auscultation*—Obscure respiratory sounds or vesicular murmur may be absent; amphoric breathing when the fistula is open; metallic tinkling is often present; when air and fluid both present in pleura cavity may get succussion sound.

Differential Diagnosis.—*Emphysema* affects both sides and tumor does not change its place with change of position of the patient.

Treatment.—Symptomatic, let case alone and watch: aspirate if necessary.

HYDROTHORAX.

Description.—Dropsy of the pleura, the result of general anasarca from renal, cardiac or liver disease.

Symptomatology.—Symptoms of primary disease: following ascites, a marked dyspnoea, with signs of deficient aeration of blood.

Treatment.—Treat cause; aspirate when necessary.

PHTHISIS PULMONALIS.

Description.—Also called pulmonary tuberculosis, is a disease marked by mal-nutrition, fever, great tissue waste, emaciation and tendency toward death. It is acute, sub-acute or chronic.

Etiology.—Predisposing cause, diathesis and debility; exciting cause, bacillus tuberculosis.

Tubercular Process.—The bacillus finds a suitable nidus in the lungs, and grows and multiplies; a low form of inflammation results from the irritation set up by the presence of the bacillus and the growth of tubercular tissue takes place. This

is composed of a network or stroma, made up of a reticulated mass, delicate, fine and transparent at first, but afterwards becoming thick and opaque. The stroma is filled in with lymphoid, epithelioid and giant cells, the latter being peculiar to the tubercular process. The bacilli are disseminated through this tissue. Tubercular granules may exist separately or adhere and form large masses. Endarteritis results from irritation, the blood supply is cut off and the part becomes infiltrated with epithelioid cells and a pale, colored infarct results. This in time undergoes caseous degeneration, and may soften and break down with formation of a cavity, or undergo calcification and harden.

Acute Phthisis.—Marked by more or less rapid emaciation, hacking cough, suppression of menses in females, chills, fever, profuse sweats. After a time anæmia becomes marked, cough with expectoration of muco-purulent matter, containing bacilli of tuberculosis, night sweats, hæmoptysis, hectic flush, hurried respiration.

Physical Diagnosis.—*Inspection*—Breathing is hurried. *Palpation*—Vocal fremitus is increased. *Percussion*. Dullness, high pitched. *Auscultation*—Bronchial breathing, sibilant and sonorous breathing, bronchial râles, respiration high-pitched, expiration prolonged. Vocal resonance is increased, bronchophony and pectoriloquy sometimes. *After cavity formation*, *percussion* gives a tympanitic low note; *auscultation* gives cavernous breathing, if cavity is small; amphoric breathing if it is large; moist gurgling râles; cracked pot sound is frequently obtained.

Chronic Phthisis.—It is called chronic when it exists over six months. It is commonly divided into two stages: the first to the formation of a cavity, the second to the end of the disease.

Symptomatology.—Headache, hacking cough, temperature rise at night, malaise with dry, scaly skin, bright eyes with pearly conjunctiva, expectoration of frothy mucus, pulse accelerated, emaciation, hæmorrhages early, respiration more rapid at night, digestion bad, nervous disturbances; later on night

sweats, hoarseness, diarrhoea, œdema of the extremities. The physical signs are similar to those of acute phthisis.

Treatment. Begin early, change of climate or occupation, keep up nutrition, treat symptoms as they arise, cod liver oil, hypophosphites.

PERICARDITIS.

Description.—A fibrinous inflammation of the pericardium, acute, sub-acute or chronic.

Etiology.—Usually secondary to rheumatism, Bright's disease, scarlet fever, lobar pneumonia, pleurisy and toxæmias.

Pathology.—Hyperæmia of the pericardium, rough and opaque surface; exudate of fibrin, then serum, or exudate may be purulent or hæmorrhagic; adhesions are often present, which in separating leave strings of fibrin, which give an appearance which led to the designation of "hairy heart."

Symptomatology.—Pain localized; dyspnoea; pulse rapid, irregular and intermittent; low fever, 101 degrees to 102 degrees; cyanosis; cough, anorexia, constipation, taciturnity oftentimes; occasionally mania.

Physical Diagnosis.—*Inspection*—Find the heart apparently enlarging daily; chest bulging. *Percussion*—Area of cardiac dullness increased. *Auscultation*—Fine friction sound, distinguished from that of pleurisy by not being affected by the respiration.

Treatment.—Rest, low diet, heart sedatives, opium for pain, heart tonics; aspirate if necessary.

ENDOCARDITIS.

Description.—An inflammation of the endocardium of the heart, acute, chronic or ulcerative in character.

Etiology.—Rheumatism, Bright's disease and toxæmias in general.

Morbid Anatomy.—Hyperæmia of endocardium, exudate poured out, proliferation of endothelium, valves infiltrated, granulation tissue formed and so-called vegetations which may break loose, causing embolism.

Symptomatology.—Symptoms of disease, pain in the heart, temperature rise, short cough, dyspnoea, cardiac action rapid and tumultuous, congestion of the lungs often present.

Physical Diagnosis.—First or second sound of heart absent, heart sounds masked or cloaked sometimes; when first sound gone, pulse is soft and compressible, endocardial murmurs, soft and cooing in character, slight thrill sometimes.

Treatment.—Treat primary disease, rest, alkalies, opium for pain.

Ulcerative Endocarditis.—Simple endocarditis may be converted into the malignant form by the presence of certain microorganisms. Symptomatology is somewhat obscure, but usually have tumultuous heart action, paralysis, albuminuria, intermittent fever, symptoms of septicæmia and *embolism*.

MYOCARDITIS.

Description.—An inflammation of the muscular tissue of the heart, acute or chronic in character, with sub-divisions of parenchymatous or interstitial myocarditis.

Etiology.—Pericarditis, endocarditis, toxæmias.

Morbid Anatomy.—Small abscesses in the heart muscle, softening of cardiac substance, exudate of fibrin and serum.

Symptomatology.—Pain, irregular and feeble cardiac action, pyrexia of a low type, typhoid condition sometimes.

Treatment.—Symptomatic.

MITRAL STENOSIS.

Diagnosis.—Pre-systolic murmur, heard best at apex; marked thrill an inch above apex, pulse feeble, left auricle dilated, with tricuspid insufficiency sometimes.

MITRAL REGURGITATION.

Diagnosis.—Thrill is not marked, systolic murmur, pulse with deep, dirotic notch, murmur heard with greatest intensity at apex, and carried upward into the axilla and onward to

the inferior angle of scapula; hypertrophy of the left heart, dilation of the left ventricle, usually with frequent pulmonary complications.

AORTIC OBSTRUCTION.

Diagnosis.—Marked thrill near base of the heart; harsh, rasping systolic murmur heard with great intensity at the base of the heart and carried upward into the carotids; pulse small, cerebral anemia, palor and giddiness.

AORTIC REGURGITATION.

Diagnosis.—Thrill not marked; a churning and blowing diastolic murmur heard best at the second right costal cartilage and down the sternum toward the apex; hypertrophy of left ventricle; pulsating vessels, Corrigan or "water-hammer" pulse.

PULMONIC OBSTRUCTION.

Diagnosis.—Thrill marked at the second left interspace; systolic murmur heard with greatest intensity close to the sternum, at the junction of the third left costal cartilage to the sternum; dyspnoea, cyanosis and palpitation.

PULMONIC REGURGITATION.

Diagnosis.—Diastolic murmur, heard with greatest intensity in the second left interspace, superficial in character, with no thrill; dyspnoea, cyanosis and palpitation.

TRICUSPID OBSTRUCTION.

Diagnosis.—Soft, presystolic murmur, superficial in character, and heard best over ensiform cartilage.

TRICUSPID REGURGITATION.

Diagnosis.—Systolic murmur, soft and superficial, with greatest intensity over the ensiform cartilage and slightly to the left; pulsation of the jugular veins, vertigo, cerebral symptoms.

CARDIAC HYPERTROPHY.

Hypertrophy of the heart is an increase in its size and weight. Two varieties are commonly recognized, viz: simple and excentric. Simple hypertrophy is a simple increase in heart substance without dilatation or valvular change. Excentric hypertrophy is an enlargement of the heart, with thickening of the walls and dilatation of the cavities.

CARDIAC DILATATION.

Description.—An increase in size of the chambers of the heart without a corresponding increase in muscular substance. The varieties are simple and hypertrophic.

Symptomatology.—Weak heart, poor circulation, heart impulse diffused, dullness increased, heart sounds changed, weak, wavy, with distance between beats; cyanosis, sleep poorly, dyspnoea.

ANGINA PECTORIS.

Description.—Paroxysms in which sharp cardiac pains are felt, extending into the left shoulder and down the left arm, with constriction of the chest and fear of impending death. It may be functional or structural.

Etiology.—Ischemia from atheromatous changes, or vasomotor spasm.

Symptomatology.—Sudden seizure, fixed position, expiration prolonged, pulse slow, feeble and *high tension*, fear of impending death, vomiting, extremities cold, face pinched, pain extending from heart to shoulder, arm and fingers; *dyspnœa*.

FALSE ANGINA.

Description.—Also called neuralgia of the heart. The attacks are irregular in course and duration with no evidence of implication of heart and vessels.

Etiology.—Anaemia, hysteria, neurasthenia, debility; usually early in life.

Symptomatology.—Begins with some cardiac pain; dyspnoea not marked, cold extremities, accentuation of heart sounds; no atheroma.

Treatment.—In either true or false angina, nitrite of amyl, nitrite of sodium, nitro-glycerine, Hoffman's anodyne, brandy, ammonia or morphine are indicated during paroxysm. Treat cause; keep up nutrition.

PALPITATION OF THE HEART.

Description.—A functional disturbance of heart with increase of its movements and rhythm more or less irregular.

Etiology.—Over-exertion, dyspepsia, excess of all kinds, neurasthenia, grief, etc.

Symptomatology.—Pain or oppression in the region of the heart; rapid, tumultuous beating, dyspnoea, choking, or fullness in throat, fear of impending death.

Treatment.—Heart stimulants, bromides and chloral, valerian, camphor.

ENDARTERITIS.

Etiology.—Syphilis, tuberculosis, alcoholism, toxamias.

Morbid Anatomy.—Tendency to new tissue growth; inflammation of inner coat of the artery extending to other coats, formation of "vegetations" in the vessel, thrombosis; softening, afterwards calcification of the arterial coats; accompanied sometimes by obliteration of artery, softening of the brain, cirrhotic kidney, embolism.

Treatment.—Treat the cause.

ANEURISM.

Description.—A tumor containing circulating blood. They are distinguished as external or internal, spontaneous or traumatic, true or false. The true are known as fusiform; the false are diffuse, sessoid or dissecting.

Symptomatology.—Symptoms depend somewhat on location of the tumor. When of the ascending aorta there is pain late or constant, and intense; increased on exertion; changes in circulation; sometimes aphonia, difficult deglutition, dilated pupil, apnoea. If of the descending aorta, there may be found a tumor in the back, with loss of respiratory murmur and general cyanosis.

Physical Diagnosis.—When near the surface a systolic bruit; dullness on percussion, marked thrill, expansile feel.

Aneurism Abdominal Aorta.—Pain boring and intense, tumor usually left of the median line, systolic pulsation, diastolic bruit, pulse of the femoral artery delayed and feeble.

PAROTITIS.

Etiology.—Infectious, contagious disease, caused probably by a microorganism.

Symptomatology.—Malaise, a chill, fever usually not above 102 degrees, vomiting; urine high color and specific gravity, peculiar stiff feeling at angle of the jaw, tongue with a silvery coat, enlargement of parotid gland.

Treatment.—Purgative, hot fomentations for swelling, aconite or antipyrine for fever, chloral for headache.

ACUTE GASTRITIS.

Etiology.—Irritant and corrosive poisons usually.

Symptomatology.—Localized pain, burning and thirst; vomiting blood; fever, pulse rapid, skin covered with cold sweat; anxiety and depression.

Treatment.—Symptomatic.

SUB-ACUTE GASTRITIS

Description—Two varieties are recognized, the catarrhal, which is a comparatively mild inflammation of the mucosa of the stomach, frequently excited by partaking of strong alcoholic liquids undiluted; and the erythematous variety, which occurs usually in children in connection with acute central nervous disturbances.

Symptomatology.—Malaise, anorexia, sense of weight in stomach, tenderness on pressure, dyspepsia easily set up; in erythematous form apt to have duodenitis, vomiting, diarrhoea or constipation sometimes.

Treatment—Calomel in small doses: give stomach rest, emolient applications externally; leech applied over the stomach; keep bowels open.

CHRONIC GASTRITIS.

Etiology.—Chronic congestion from disturbed circulation from venous stasis: secondary to phthisis, asthma, malaria, gout; excesses in eating and drinking.

Morbid Anatomy.—Chronic irritation producing slow inflammation, formation of connective tissue, gastric tubules encroached upon by tissue, over-secretion of mucus, stomach muscle weakened, pyloric obstruction and dilatation.

Symptomatology.—Indigestion, vomiting in the morning of mucus, anorexia, coated tongue, sleep badly, peculiar taste in the mouth.

Treatment.—Remove the cause, early supper at 4 p. m., wash out stomach about 8 p. m., breakfast at 10 a. m. Hydrastis, glycerine and bismuth at times useful.

SIMPLE GASTRIC ULCER.

Description.—Also called perforating ulcer, most commonly found along posterior wall of stomach near the lesser curvature. Has a punched-out look, usually has no area of inflammation around it.

Etiology.—Usually occurs early in life, as result of gastric catarrh, syphilis, etc.

Symptomatology.—Pain after eating, abnormal quantity of hydrochloric acid present: vomiting of a partly digested acid mass; pain localized, hæmatemesis.

Treatment.—Rest in bed, rectal feeding, alkalies, antiseptics. For hæmatemesis, ice bag to epigastrium, ergot, rest.

GASTRIC CANCER.

Description.—Occurs usually after middle life: apt to be located at the pylorus. May be felt oftentimes at the right of median line as a hard tumor.

Symptomatology.—History of indigestion, pain if present of continuous character, not specially affected by eating: vomiting of tarry appearing material formed of changed blood: hydrochloric acid greatly decreased or absent: diminution of urea, cancer cachexia.

Treatment.—Symptomatic, nourish with starchy foods, oysters peptonized, eggs, milk, etc.

DIFFERENTIAL DIAGNOSIS.

GASTRIC ULCER.

Neurotic young women most often subject.
Pain intense, paroxysmal, worse after eating.
Pain Localized.
Partial recoveries and then relapse.
Hydrochloric acid in excessive quantities.
Vomited blood, bright and comes in gushes.
Tumor not present.

GASTRIC CANCER.

Either sex in middle life or old age.
Pain may be absent: if present, continuous: not made worse by eating.
Pain less localized.
Disease progressive.
Hydrochloric acid not present.
Blood changed, tarry and steadily oozing.
Tumor present.

GASTRIC DILATATION.

Etiology.—From obstruction, atony of stomach muscle, excessive over-eating and drinking, adhesion to other organs.

Symptomatology—History of indigestion, sense of weight, foul breath, vomiting food eaten a day or so before, diarrhœa occasionally.

Differential Diagnosis.—From spasm of pylorus by inflating with air or water and percussing and auscultating.

Treatment.—Lavage, nutritious diet, tonics, the *Faradic current*.

ENTERITIS.

Description.—Intestinal catarrh affects the mucosa and sub-mucosa, often resulting in ulceration. If long continued, it may result in hypertrophy from growth of cicatricial tissue, with destructive changes in the glands of the part. It is acute, sub-acute or chronic.

Etiology.—Improper food, impure air, excessive heat.

Symptomatology.—Loss of appetite, nausea and vomiting, borbyrygmus, diarrhœa sometimes.

Ileo-Colitis.—When the inflammation is in the ileum there is distension in the right iliac region and the stools are fluid, dark green or variegated in color.

Colitis.—Pain in the left side, low down; frequent movement of the bowels; scanty evacuations of mucus streaked with blood; burning at the anus; micturition may be frequent, or there may be retention of urine; fever with great thirst sometimes.

Treatment—Castor oil, or calomel followed by saline of soda salts; morphine with bismuth or codeine or old opium pills; turpentine stupes and poultices. Restricted diet, ice with little gruel at first, raw eggs in water, scraped beef, etc.

CHOLERA MORBUS.

Etiology.—Apt to occur during hot days and cold nights. A microörganism is the probable cause.

Symptomatology.—Violent vomiting and purging, marked depression, cramps in the abdomen, then in the limbs, cold extremities, pulse feeble or high tension, head hot, temperature elevated, stools with green colored serum changing to "rice water" character.

Treatment.—Morphine hypodermically, wrap patient in blanket wrung out of very hot water and cover with a dry one. After acute symptoms, rest, nux, quinine and claret are indicated.

DYSENTERY.

Etiology.—An acute, specific, infectious disease.

Morbid Anatomy.—Great hyperæmia of the part, infiltration into the colon, circulation in the part sometimes cut off with formation of sloughs, or septic emboli may be sent to the liver.

Symptomatology.—Malaise with coated tongue and loss of appetite, biliousness, constipation at first, followed by diarrhoea, pain in left iliac region, stools large at first; stools contain mucus, blood, shreds of tissue and bile sometimes: tympanites.

Treatment.—Purge with castor oil or calomel, use copious enema with antiseptics, opium or morphine injection, poultices, rest, mercury bichloride $\frac{1}{100}$ of a grain every hour, or ipecac 30 grains, preceded half an hour by 30 drops of laudanum. Care in diet.

ULCER OF DUODENUM.

Etiology.—Probably from same causes as gastric ulcer.

Symptomatology.—Pain not made worse immediately by eating but an hour or two after meals, pain severe in right side as in hepatic colic; seldom have direct hemorrhage, blood changed before evacuated and causes tarry stools.

Treatment.—Rest, lavage at night, using an alkaline solution, change of climate.

TYPHLITIS.

Etiology.—From accumulation of hardened faecal matter, inflammation, etc.

Symptomatology.—Hard, sausage-shaped tumor in right iliac region, pain and soreness on pressure, fever, signs of obstruction of bowels, as vomiting, accumulation of gas, etc.

PERITYPHLITIS.

Etiology.—Often secondary to typhlitis and appendicitis.

Symptomatology.—Fever, chill, marked pain, tenderness on pressure, septic symptoms.

APPENDICITIS.

Symptomatology.—Constipation, some fever, tenderness on pressure; sudden, intense pain with symptoms of shock follow perforation of the bowel.

OBSTRUCTION OF INTESTINES.

From Accumulation of Fæces.—History of chronic constipation, bowel with hard mass on palpation; symptoms of toxæmia, anorexia, coated tongue, headache, mental apathy; vomiting of mucus and bile and stercoraceous matter after a time; great prostration.

From Stricture.—Symptoms intensified.

From Volvulus.—Sudden onset, pain intense and localized; accumulation of gas; tenderness on pressure; local peritonitis with fever; symptoms of obstruction.

From Strangulation.—Sudden attack; localized pain and tenderness, rapid distension of bowel, stercoraceous vomiting, symptoms of obstruction, fever.

From Intussusception.—Usually in childhood, sudden onset, intense pain, symptoms of obstruction. *Tenesmus*—Stools contain blood and mucus; invagination sometimes found in rectum.

Treatment of Obstruction—Injections of water; calomel or salines, opium for pain, laparotomy.

PERITONITIS.

Etiology.—Exposure to intense cold, traumatism, ulceration of liver, etc., pleurisy, rheumatism, Bright's disease, pyæmia.

Description—Two varieties are recognized, the so-called idiopathic from toxæmia, and the traumatic form from sepsis.

Symptomatology.—Sudden onset, intense pain, chill, fever 103 to 104 degrees, patient lies on the back with legs flexed and motionless; abdomen tympanitic and hypersensitive, paresis of the intestines: *green colored* vomit; characteristic expression of the face, pale and pinched, mouth drawn, alae of nose contracted, eyes sunken: *pulse rapid, small and wiry*; respiration shallow; constipation; abdomen evenly distended and very tender.

Treatment.—In the general or idiopathic form, give opium enough to relieve pain, beginning with 4 grains of opium, or $\frac{3}{4}$ to 1 grain of morphine. In the septic form, if lesion can be located, laparotomy.

FEVERS.

Description.—A simple or ephemeral fever is marked by chilliness, temperature rise, malaise and anorexia. Periodical fevers are simple and pernicious, and are further divided into intermittent and remittent fevers. The morbid anatomy of periodical fevers includes anæmia; pigmentation (the bronze liver), enlarged spleen (ague cake), and oftentimes acute jaundice and gastro-intestinal catarrh.

Etiology.—A microörganism of the spirillum order, the plasmodium malarie.

Intermittent Fever.—May be of the quotidian, tertian, quartan or mixed type. The course of the fever is marked by three stages: the algid, febrile and defervescence.

Symptomatology.—Malaise with aching and yawning, rigor, patient with lips blue, hands and feet cold: fever, profuse perspiration; pulse during the chill small and rapid, during the fever, large, rapid and bounding, and during defervescence slow, dragging and compressible; the tongue is broad, indented by teeth, and with a thin white coating.

Pernicious Form.—The pernicious type of intermittent fever is marked by a terrific rigor, high temperature; profuse sweat, patient livid and pulseless, with delirium or coma and great depression.

Treatment.—For simple intermittent, 5 grains of quinine in acid solution, repeated in two hours, and again in two hours. The same treatment the next day; then 5 grain every morning until the seventh day, when 15 grains in divided doses are given. When quinine is abandoned, use arsenic, iron and simple bitters. In more serious forms of the disease give quinine hypodermically in large doses. Use calomel to keep bowels open.

REMITTENT FEVER.

Description.—The same etiology and pathology as intermittent fever, but differs from the latter in the fact that there is a periodical remission in the fever, but no intermission.

Symptomatology.—Chill, fever with steady rise, and then a remission, no marked second chill, headache and backache, nausea and vomiting, at times jaundice and constipation.

Treatment.—Warburg's tincture, quinine, calomel, careful diet; after convalescence sets in, arsenic, phosphorus and iron.

RELAPSING FEVER.

Description.—Also called famine fever. Spirilli are found in the blood during the paroxysm, the nervous system is disturbed, the spleen enlarged and softened and the liver enlarged.

Symptomatology.—Abrupt onset, chill sometimes, fever with a progressive rise, 102 to 108 degrees in from 5 to 7 days and then drops suddenly to sub-normal; a week of health ensues, followed by another attack. It is also marked by a weak pulse, agonizing headache, pain in the limbs, and nausea and vomiting.

Treatment.—Meet indications, opium for pain, antipyretics, etc.

TYPHOID FEVER.

Description.—A specific, infectious disease whose efficient cause is a microorganism.

Morbid Anatomy.—Peyer's glands the first week undergo catarrhal inflammation: the second week, infiltration, with, at times, ulceration at the end of the week: the third week ulceration, possibly perforation: the fourth week cicatrization. The spleen becomes enlarged and softened: heart softens, brain undergoes degeneration: nerves are inflamed, as are frequently the lungs, leading to bronchitis, pneumonia, etc.

Symptomatology in General.—Malaise, slight chill: fever low, increasing, reaching height at end of the week, with slight morning decline: headache with nose bleed: apathy, diarrhoea: tenderness of right iliac region: gurgling on pressure: tympanites: tongue with double stripes: eruption at end of first week of red spots, usually on abdomen, disappearing on pressure: blue spots, the *taches bleuâtres* of the French writers: delirium at end of second week: ataxia, sub-sultus: coma: pulse soft, then dicrotic: sordes on teeth: great prostration: special senses affected.

Symptomatology by Weeks.—*First week*—Pulse soft and frequent; temperature low at first, gradually increasing, striped tongue, diarrhoea, headache, red spots on abdomen. *Second week*—Pulse softer, relatively slow: fever continuous, abdomen tympanitic, tender and gurgling: nocturnal delirium: headache and stupor, lung complications, sub-sultus, sordes on teeth, diarrhoea, carphology. *Third week*—Fever remitting, dicrotic pulse, fissured, bleeding tongue, sordes on teeth, circulation low. *Fourth week*—Temperature about normal mornings, pulse slow, heart weak, pulmonary symptoms improved, diarrhoea stopped. *Fifth week*—Convalescence.

Treatment.—Hypernutrition, stimulation when indicated, opium in small and frequent doses, alcohol, digitalis, strychnine $\frac{1}{100}$ to $\frac{1}{50}$ grain hypodermically: cold sponging: cold baths and mustard foot-baths for the fever; ice bag and ergot for hæmorrhage.

TYPHUS FEVER.

Description.—An infectious, contagious disease, usually epidemic in character. The morbid anatomy is not specially

characteristic. Period of incubation is from one to two weeks.

Symptomatology.—Onset sudden, headache; dull, stupid feeling, chill, darkened skin, pulse rapid, frequent, small; temperature, usually 104 to 105 degrees; ataxia, sub-sultus; delirium, low and muttering during the day, maniacal at night; constipation; marked failure of circulatory and nervous systems; rose-colored eruption, at first *disappearing* on pressure; becomes mulberry-colored, not disappearing on pressure, and remains to end of the case; sordes on teeth, lung complications, jaundice, albumen in the urine. *Second week*—Temperature lower, pulse rapid and feeble; on 14th day, usually, is a rise of temperature, called the “critical rise.” Coma vigil is common before death.

Treatment.—The same as in typhoid, except stimulation should be resorted to much earlier in the case.

CEREBRO-SPINAL MENINGITIS.

Description.—Also called spotted fever: is supposed to be due to a micröorganism, and is most commonly encountered in children.

Morbid Anatomy.—Begins in pia mater, perivascular inflammation, vessels dilate, exudate of leucocytes, pus, etc., poured out; adhesion of membranes, extension of inflammation to brain substance, ecchymosis into heart muscles, etc., the general changes common to essential fevers. Rigor mortis sets in early and persists long.

Symptomatology.—Cases are rarely typical: sudden onset, *intense headache early*, with vomiting, chill, high fever *very irregular*; semi-unconsciousness, head drawn back, retention of urine, pulse irregular, delirium, parts of the body hyperæsthetic, herpetic eruptions in 50 per cent. of cases, special senses affected, blindness, deafness and delusions.

Sequelæ.—Insanity, blindness, deafness and dumbness, paraplegia; trophic nerve changes.

Treatment.—Opium for headache, pain and delirium; antipyretics, bromide potassium, counter-irritation, ice to nape of neck, hypernutrition early. To control emesis use morphine hypodermically, chloroform water, hot fomentations, blisters.

YELLOW FEVER.

Description.—An acute, infectious, not strictly contagious disease, marked by three stages, a febrile, a stage of calm and of collapse. Period of incubation is from 48 hours to 2 weeks.

Symptomatology.—Onset sudden, chill not usually very severe; fever moderate, may reach 104 degrees gradually; pulse frequent, soft; *cyanotic* look; glistening, bright eyes, sensitive epigastrium, marked backache, headache and pain in the limbs. In from 24 hours to four days fever declines by crisis, pain subsides, patient feels well. This is a stage of calm and lasts about 24 hours. It is followed by secondary fever and convalescence by lysis. May have tendency to hæmorrhage as stage of calm closes, livid color replaced by hæmatogenous jaundice, bleeding gums, hæmorrhage from bowels, nose, vagina, or internally into heart, kidneys, etc. Gastric hæmorrhage gives rise to the so-called "black vomit." Casts and albumen are found in the urine.

Treatment.—Do not overdose. Castor oil or calomel to relieve bowels, then stop; no food for three days, fourth day minute feeding; ice-cold water may be given; opium per orum or hypodermically for pain; quinine for backache; morphine $\frac{1}{20}$ grain, or creosote or chloroform water for emesis; tincture iron, or wet or dry cups for hæmorrhage. Care in diet for weeks.

SCARLET FEVER.

Description.—An acute, infectious, contagious disease from a microorganism. Three varieties are recognized, the scarlatina simplex, scarlatina anginosa and scarlatina maligna.

Symptomatology of Scarlatina Simplex.—Incubation is about one week. Invasion sudden; chill may be slight or marked, vomiting with chill, *fever high early, increasing with the eruption*; rapid pulse, sore throat, tongue with thin white coat with protruding red papillæ, coat peels off and have "strawberry tongue," so called; throat red and with a croupous exudate, elevated eruption early of red points, becoming a scarlet blush, pallor around the mouth, no paresis.

Scarlatina Anginosa.—Little or no eruption, cervical glands tender, great swelling of soft parts, sensibility extreme, fœtid odor to breath.

Scarlatina Maligna.—Symptoms already described, in great intensity, eruptive inflammation extends deep.

Sequelæ.—Purulent otitis media, catarrhal and glomerular nephritis, pericarditis, endocarditis.

Treatment.—Support with fluids, milk, beef peptonoids, shaved ice, cold water; for emesis use chloroform water, bismuth, oxalate cerium, cherry laurel water, sinapisms; for throat, peroxide hydrogen, solution chlorinated soda, permanganate potash; internally, mercury bichloride, $\frac{1}{2}$ to $\frac{1}{4}$ grain doses; for restlessness, chloral, sulphonal, urethane; locally, vaseline or lanolin, with thymol or eucalyptol or borie acid; sponge with mercuric chloride solution ($\frac{1}{1000}$) once a day.

RUBEOLA.

Description.—Also called measles; is a disease of youth usually. Its period of incubation is about ten days.

Symptomatology. Sudden rise of temperature, may or may not be preceded by a chill; temperature may be 104 degrees at first and drop to 102; runs about three days after appearance of eruption and disappears, unless lung complications are present; marked coryza; irritable cough; eruption on third day, macular, dull red; doesn't change in character; fever rises on appearance of eruption; photophobia.

Treatment.—Look out for lung complications, take care of the eyes, excluding the light; treat indications.

ROTHELN.

Description.—Also called "German measles;" is an acute, self-limited disease, usually with mild, general symptoms, and having some of the characteristics of scarlatina and measles.

Symptomatology.—Invasion gradual, slight chill usually; may have fever, vomiting and sore throat, or they may be

absent; enlarged cervical glands, coryza; eruption is brighter red than that of measles, but spreads like that of measles.

Treatment.—Symptomatic.

VARIOLA.

Description.—Commonly called small-pox; is an acute, infectious, extremely contagious disease. Three varieties are recognized—the discrete, confluent and hæmorrhagic.

Symptomatology.—Incubation is from 10 to 14 days. Onset abrupt; severe chill or series of rigors: fever, with rapid rise of temperature, 104 to 106 degrees; very rapid pulse, intense headache, backache very marked; at end of second day erythema appears; at end of third day usually eruption appears, and *fever declines*. On the fourth day eruption on face and scalp spreads rapidly; headache, malaise and fever less severe: throat sore, oppression in breathing, nose and eyes irritable, coryza not marked. On the ninth day (or sixth of eruption) pus is absorbed and fever rises high, nervous system depressed, maniacal delirium, pulse feeble and frequent, deglutition difficult, characteristic odor. *Eruption* is at first papular, round spots with “shot-like feel.” They vary in size and soon become elevated. Color at first a dull red, becomes copper-colored in 24 hours, and more so in 48 hours. After three days eruption becomes vesicular, with little dew-like points, which enlarge. It then becomes umbilicated, and on sixth day of eruption is pustular.

Sequelæ.—Otitis media, affections of the eye, alopecia, neurotic diseases.

Diagnosis.—History of exposure, lapse of ten to fourteen days, high fever early, 104 degrees perhaps first day; eruption end of third day on face and scalp, round, dull-red in color, macular, becoming papular in a few hours, and the fever *declining*, eruption becoming vesicular on sixth day and pustular on the ninth. In *Measles*, eruption is irregular, cricentific, etc. Fever rises with the eruption. *Varicella*—Systemic disturbance slight, eruption not papular and pustules rarely formed.

Treatment.—Preventive by means of vaccination. Keep patient in darkened room, well ventilated and perfectly clean, hypernutrition when fever declines.

EPIDEMIC CHOLERA.

Description.—An acute, infectious disease, supposed to be due to the comma bacillus of Koch. It is of short incubation, and is not specially modified by climate, heat or cold.

Symptomatology.—Diarrhœa with sudden, large, very fluid discharge, not accompanied by pain or nausea. Discharges become numerous and may persist a week. This is the period of invasion. The diarrhœal discharges suddenly change and become pale, of yellow “rice water” character, of alkaline reaction, low specific gravity and contain comma bacilli. Vomiting often occurs, and pain becomes severe at end of this stage, which lasts about twelve hours. The heart is weak, pulse 120 to 140, surface of body cool and sticky, urine scanty and albuminous. Convalescence may begin now, or the algic stage may set in, in which case it will continue from 12 to 48 hours. The body is cold, the arteries contracted and veins full, urine suppressed, pulse faint and flickering, muscular cramps in the legs, thighs and abdomen with severe pain; stools contain blood, mucus and epithelium: bile-stained vomit, skin dry and cold, or covered with a sticky sweat. If the algic stage is severe, the stage of reaction or “typhoid stage” sets in and there is a fever 102 to 104 degrees, a diarrhœa resembling colitis, uræmic convulsions sometimes, stupor and frequently delirium.

Morbid Anatomy.—Changes in the blood are promoted by ptomaines; all the tissues are anæmic, and all the organs undergo rapid degeneration.

Post Mortem Changes.—Rapid rigor mortis, color natural, heat remains in body, may even have a rise of temperature; body shrunken, eyes sunken, tissue may remain unchanged for a long time, and body be moist.

Treatment.—Vigorous and prompt before real choleraic diarrhœa sets in, keep quiet, careful diet, opium and astringents. During an attack, morphine hypodermically $\frac{1}{2}$ grain, or as large as dare give; stimulants, camphor and krameria; hot water blanket, keep warm and quiet.

ACUTE ARTICULAR RHEUMATISM.

Description.—A specific disease, specially liable to recurrence.

Morbid Anatomy.—Affects joints, fibrous portions, synovial membranes, tendons or sheaths, etc.: joints remain irritable after an attack from latent poison, muscles are stiff, lactic acid is found in the blood. There is a localized synovitis, the synovial fluid is cloudy and contains floculi of fibrine, there is hyperplasia of the joints, with swelling, and with pain increased by pressure.

Symptomatology.—Malaise, chilliness, high fever, worse at night; sweating, eruption sometimes; urine dark and scanty, of high color and specific gravity.

Complications.—Endocarditis, pericarditis, pneumonia, pleurisy.

Treatment.—Salicylic acid 20 grains every hour until pain and fever disappear; lessen acid urine; hot baths and local applications.

MYALGIA.

Description.—Commonly called muscular rheumatism, but is not in any true sense a rheumatism at all. According to its location, it is termed lumbago, torticollis, pleurodynia, etc.

Symptomatology.—Pain in the muscles, with stiffness and difficulty of movement, and occasionally spasm.

Treatment.—Rhus toxicodendron is of considerable value; local applications.

ARTHRITIS DEFORMANS.

Description.—Also called rheumatoid arthritis: is a chronic, progressive disturbance affecting the joints; of trophic nerve origin, and most commonly found in women during or following the menopause.

Morbid Anatomy.—Articular cartilages involved, rapid proliferation of cells, degeneration and calcareous infiltration, dryness of parts, with crepitus, or may have hypersecretion, in which case there is fluctuation: nodes under the skin, great deformity, especially of the hands.

Treatment.—Improve general nutrition, arsenic, iron, bitter tonics.

PODAGRA.

Description.—Commonly called gout: is a constitutional disease, usually inherited, and excited by high living and little exercise. It affects the smaller joints, the great toe in particular, and is marked by presence of uric acid in the blood and the deposit of urate of sodium in the joints.

Symptomatology.—Irritability of temper, patient awakes early in the morning with agonizing pain in great toe: fever, rapid, bounding pulse: about 8 or 9 o'clock A. M. the fever and pain subside, but the attack is repeated every morning for eight or ten days. Urine is scanty, with high color and specific gravity, and decrease of uric acid before and during attack, followed by a great excess of uric acid afterward.

Treatment.—Regulated diet, exercise, no stimulants or malted liquors; wine of colchicum seed 15 to 30 minims every two hours during attack.

ANÆMIA.

Description.—A condition marked by deterioration in quality or diminution in quantity of the blood. The former is called a primary, the latter a secondary anæmia. Ischæmia is a localized anæmia.

Symptomatology.—Pallor, weakness, indigestion, vertigo, syncope, irritable heart, edema of eyelids and ankles.

Treatment.—Iron, pure air, exercise and nutritious diet.

CHLOROSIS.

Description.—Also called "green sickness:" a pronounced anæmia occurring in young women from 15 to 25 years of age, marked by paleness of red blood corpuscles and greenish cast of the skin.

Symptomatology.—Melancholia, broken and disturbed sleep, anorexia, disturbed menstruation, cachexia.

Treatment.—Improve general health: Blood's pills.

PERNICIOUS PROGRESSIVE ANÆMIA.

Description.—Also called anematosi: a pernicious, progressive form of anæmia, usually accompanied by fever. If the spleen is enlarged it is called splenic anæmia.

Symptomatology.—Languor, depression, pallor, palpitation, dyspnoea, syncope, dyspepsia, remittant fever sometimes.

Treatment.—Symptomatic.

LEUCOCYTHÆMIA.

Description.—Also called leukaemia: a condition in which there is an enormous increase of white blood corpuscles. When there is a moderate increase of white corpuscles the condition is termed leucocytosis.

Morbid Anatomy.—Spleen enlarged, lymphatics involved, sternum tender to pressure, enormous increase in leucocytes.

PSEUDO-LEUCOCYTHÆMIA.

Description.—Also termed Hodgkin's disease: is a disease marked by enlarged lymphatics, marked anæmia, and usually some increase in white corpuscles.

Treatment.—Iron, arsenic, oxygen, hypophosphites.

JAUNDICE.

Description.—Two general classes of jaundice are recognized, the hæmatogenous, which is due to the coloring matter of the blood, and the hepatogenous, which is due to the retention of bile in the system. The latter is divided according to its causes into catarrhal, obstructive, syphilitic and jaundice, due to changes in hepatic cells, to cancer, to tumors, to gall-stones, or to diffused hepatitis. In jaundice the sclerotics of the eye are first discolored, and then the skin.

Catarrhal Jaundice.—Is marked by languor, apathy, malaise, headache, drowsiness, or sometimes sleeplessness, indigestion: stools are pale from the presence of soaps of magnesium and the absence of bile; urine is scanty, of high color and specific gravity, with albumen sometimes; pruritis of the skin.

Obstructive Jaundice has a sense of weight or severe pain in right hypogastrium, spasms of pain sometimes, indigestion, vomiting, constipation, clay-colored stools, dark colored urine and discolored skin and conjunctiva.

Treatment.—Saline cathartics, especially sulphate sodium, diet of albuminoids, no fats, sinapisms, rest; if pain is severe, morphine and hot water fomentations.

BILIARY CALCULI.

Description.—Also called gall-stones; are concretions formed in gall-bladder or biliary ducts, composed of cholesterine and lime, magnesium and sodium salts. They may be round or irregular, and single or multiple. They usually become lodged in the most constricted portion of the duct where it opens into intestines, and if it closes the passage, jaundice results.

Symptomatology.—Pain may last an hour or a longer time, often accompanied by vomiting, diarrhœa sometimes, tenderness over the liver on pressure, gall-bladder often distended, great prostration, urine and stools characteristic, jaundice.

Treatment.—Relieve pain with hypodermic of morphine $\frac{1}{2}$ to 1 grain, hot applications over liver and back, carbonated waters, careful diet, meat juices, etc., saline cathartics, rest.

CANCER OF THE LIVER.

Symptomatology.—Jaundice appears early; comes on gradually and persists; diminished excretion of urea, an indurated tumor in the liver, cancer cachexia, ascites sometimes.

ACUTE YELLOW ATROPHY.

Description.—Sometimes called malignant jaundice; an acute inflammation of hepatic cells, characterized by rapid diminution in size of the liver, profound disturbance of the nervous system, and terminating in death in a few days, to two weeks.

Morbid Anatomy.—Hyperaemia of the liver, with exudation and softening; becomes diminished in bulk and of a yellow color; spleen is enlarged and kidneys undergo degeneration.

Symptomatology.—Debility, slow pulse, moderate temperature, constipation, headache, mental confusion, delirium, coma, hæmorrhage sometimes, jaundice continuous but not progressive, rapid progress of other symptoms.

NUTMEG LIVER.

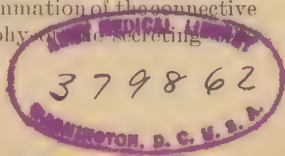
Description.—A chronic congestion of the liver accompanying emphysema, asthma and valvular heart disease, caused by obstruction to the flow of venous blood.

Morbid Anatomy.—Liver mottled, its lobules pale with dark central points caused by congestion of the radicles of the hepatic vein, the connective tissue replaces degenerated tissue, liver hardens, connective tissue contracts and the liver grows smaller.

Symptomatology.—Jaundice sometimes with marked cyanosis, headache, constipation, urine high colored, duodenitis.

Treatment.—Remove the cause, balance circulation, promote action of the kidneys by digitalis, caffeine, vapor baths.

Cirrhosis of the Liver.—Also called "hob-nailed liver" and "gin drinker's liver;" is a chronic inflammation of the connective tissue of the liver, resulting in atrophy of the secreting



and hardening of the liver. Two varieties are recognized, the simple and hypertrophic.

Morbid Anatomy.—Hyperæmia of Glisson's capsule, marked increase of connective tissue, contraction of connective tissue, secreting cells encroached upon, liver decreased in size, with rough, irregular surface, spleen enlarged.

Symptomatology.—Gastro-enteritis, ascites always, unless there is inosculation of the systemic veins; pain, hæmorrhage from stomach and intestines; no jaundice usually.

Hypertrophic Cirrhosis.—Occurs usually in children and is marked by enlargement of the liver.

Symptomatology.—Transient jaundice usually, indigestion, anæmia, hæmorrhage from stomach and bowels, delirium, sudden coma, debility and ascites.

AMYLOID LIVER.

Description.—Also called waxy or lardaceous liver: is a peculiar infiltration of the substance of the liver with an albumenoid material. It results from long continued suppuration.

Morbid Anatomy.—Liver greatly enlarged, waxy in appearance and anæmic; spleen, kidneys and intestines involved.

Symptomatology.—Jaundice slight and slight ascites, hepatic dullness increased, disordered digestion, amyloid changes in other organs.

ASCITES.

Description.—Also called dropsy of the abdomen: is a collection of serous fluid in the peritoneal cavity, resulting from cirrhosis of the liver, periphlebitis of the portal vein, syphilitic gummata, cancers and tumors: it is also secondary to general anasarca and tuberculosis of the peritoneum.

Treatment.—Aspiration when necessary; treat the cause.

FATTY DEGENERATION OF THE LIVER

Description.—Results from cutting off supply of oxygen to the liver, obesity, or may be secondary to pernicious anæmia or Hodgkin's disease.

Morbid Anatomy.—Liver enlarged, pale colored, of doughy consistency, lower border has a blunt feel, oil globules are found on the knife when it is cut.

Treatment.—Treat the cause, exercise in the open air, albumenoid diet when caused by obesity.

ABSCESS OF THE LIVER.

Description.—Also called acute purulent hepatitis; is a condition usually set up by septic matter from bile passages. Septic emboli or may have dysentery as a cause.

Symptomatology.—Localized pain, slight jaundice, tenderness, *vomiting, hiccough*, irregular, intermittant fever, intestinal disturbances. Pus may be obtained by aspiration.

Treatment.—Support patient, rest, aspirate if abscess can be located.

HYDATID TUMOR.

Description.—An affection due to the presence of the parasite, the taenia echinococcus, in the liver. It is diagnosed by exclusion, by the presence of cystic tumors, by the peculiar thrill obtained on palpation, and presence of hooklets on aspiration.

LITHÆMIA.

Description.—A condition called lithiasis or uric acid diathesis, in which, through failure of the liver to convert the uric acid of nitrogenous waste into urea, more or less of it is retained in the system, giving rise to toxic phenomena.

Symptomatology.—Sleeplessness, sometimes torpidity; pain, tremor, spasms, heart weak, cold hands, headache, dyspepsia, emaciation, bowels sluggish, urine with oxalate of lime and urates.

Treatment.—Diet, albumenoid at first, peptonized cod-liver oil; exercise in open air.

POLYURIA.

Description.—An excess of urinous secretion. The urine is passed frequently and is of light color and low specific gravity. Increased secretion of urine may depend upon the quantity of

fluid ingested, general increase of blood pressure, high tension of the arteries and capillaries of the kidneys, or calculi in pelvis of the kidney. *Urine in Pyelitis* contains kidney epithelium, blood, pus in considerable quantities, not much mucus. *Urine in Cystitis* contains bladder epithelium, blood, mucus in large amount.

DIABETES MELLITIS.

Description.—A chronic condition in which there is an excessive discharge of urine containing glucose and a progressive loss of flesh and strength. The persistence of sugar in the urine without emaciation, loss of strength, and non-progressive in character, constitutes simple glycosuria, and is not a true diabetes. Two varieties are recognized: the first, in young, neurotic subjects, runs a rapid and unfavorable course; the second, in elderly people of disturbed digestion.

Symptomatology.—Urine excessive in amount, emaciation, *sub-normal temperature*, great thirst, glucose in the urine, ravenous appetite, tendency to boils and carbuncles, sweetish odor to the breath, thin fawn colored coating on tongue, inflammation of urethra, eczema of the genital; symptoms progressive.

Treatment.—Regulated diet free from sugars and starches; meet indications.

DIABETES INSIPIDUS.

Description.—An affection usually found in neurotic and hysterical young people, in which there is a habitual discharge of large quantities of pale urine free from albumen or sugar.

Symptomatology.—Urine secreted in great excess, great thirst, urine with light color and specific gravity; no glucose present.

Treatment.—Valerian, zinc, arsenic, opium, ergot and nitro-glycerine.

RENAL COLIC.

Description.—A condition resulting from the passage of a stone from the pelvis of the kidney through the ureter to the bladder.

Symptomatology.—Backache high up, usually one-sided; sudden pain after straining in lumbar region; pain radiates to shoulder and to the testicle; testicle retracted, vesicular tenesmus, vomiting, cold sweat, hæmorrhage, delirium sometimes, and symptoms of shock.

Treatment.—For threatened colic, liquor potassa 10 drops every few hours, with fluid extract hydrangea; during the attack, morphine, $\frac{1}{2}$ grain, with atropine $\frac{1}{200}$ grain; liquor potassa and use of chloroform.

RENAL CALCULI.

Description.—Lithiasis is a term used to indicate a tendency to the formation of calculi. The varieties of calculi comprise uric acid, oxalate of lime, phosphates, xanthine and cystin. The last two are from the imperfect oxidation of albumenoids. The phosphatic calculi and oxalate of lime are most common in spare, neurotic subjects, while uric acid is found in the uric acid diathesis.

PYELITIS.

Description.—A catarrhal inflammation of the pelvis of the kidney. Where inflammation with suppuration exists it is termed pyelo-nephrosis, and where the pelvis of the kidney undergoes cystic degeneration the condition is called hydro-nephrosis.

Symptomatology.—Chill, feverishness, lumbar pains, frequent micturition, milky urine, with acid reaction, pain exaggerated in stooping position, pus in the urine.

CHRONIC CONGESTION OF KIDNEYS.

Description.—A chronic form of inflammation of the kidney with an etiology similar to that of "nutmeg liver."

Morbid Anatomy.—Kidney enlarged, congested or cyanosed. Tissue of kidney contracts and becomes hard, capsule adherent, color dark.

Symptomatology.—Renal incapacity, urine small in amount and containing albumen, general anasarca and dyspnoea sometimes.

ACUTE PARENCHYMATOUS NEPHRITIS

Description.—An acute inflammation of the parenchyma of the kidney from scarlet fever, toxæmias, or may be idiopathic.

Morbid Anatomy.—Kidney large, capsule usually adherent, color pale, fatty degeneration in tubules, connective tissue little changed.

Symptomatology.—Previous good health, indigestion, headache, dizziness, diarrhœa ; anasarca from hydræmia where disease persists long. Urine contains albumen, epithelium and hyaline; fatty, granular and blood casts. The urea will be greatly diminished if disease is far advanced, so the quantity of urea is a measure of the progress of the disease.

ACUTE INTERSTITIAL NEPHRITIS.

Description.—An acute inflammation of the connective tissue of the kidney.

Symptomatology.—Pain, fever, chill, indigestion, vomiting, headache; circulation and respiration less affected than in parenchymatous form, but other symptoms more acute.

ACUTE GLOMERULAR NEPHRITIS.

Description.—An acute inflammation of the glomeruli of the kidney, secondary to scarlet fever, in which urine is almost suppressed, loaded with albumen and containing blood and casts.

Treatment of Acute Nephritis.—Complete rest, freedom from worry, milk diet, skin and bowels active.

CHRONIC DIFFUSED NEPHRITIS.

Description.—Under the above designation are classed the several varieties of chronic Bright's disease, including the parenchymatous or catarrhal form and the interstitial, cirrhotic, or "gouty" form.

CHRONIC PARENCHYMATOUS NEPHRITIS.

Description.—A chronic inflammation of the parenchyma of the kidney, induced by alcoholism, phthisis, exposure or taxæmias, and characterized by slight change in vessels or stroma of kidneys.

Symptomatology.—Anæmia, dyspepsia, dyspnoea, dropsy, disturbance of vision, heart irritable, headache, renal asthma, feet swollen at night, puffy eyelids, waxy, or pale look, weak, tired feeling. The urine is small in quantity, high colored, high specific gravity, sometimes urea diminished, albumen in large quantities, and hyaline and granular casts.

Secondary Symptoms.—After a year kidneys may contract, the urine be increased, the amount of albumen less, dropsy less, or absent, and urea much diminished.

CHRONIC INTERSTITIAL NEPHRITIS.

Description.—A chronic inflammation of the stroma of the kidney, with an etiology of old age, gout, rheumatism or lithiasis usually.

Morbid Anatomy.—Kidney small, capsule adherent, kidney hard and contracted, cystic degeneration from the closure of tubules and their distension.

Symptomatology. Anæmia, dyspepsia, dyspnoea, disturbance of the vision, headache, diarrhoea, vomiting and nausea, especially mornings; uræmia, "Bright's eye" (puffiness of conjunctiva), itching of the skin, nervousness and loss of memory, heart's rhythm disturbed, hypertrophy of left ventricle, weak, tired feeling; drowsiness, high arterial tension; urine is large in amount, light in color, low specific gravity, albumen slight or absent; casts, hyaline and granular, or may be absent; urea diminished somewhat.

ARTERIO-CAPILLARY FIBROSIS.

Description.—A condition involving marked changes in the vessels and stroma of the kidney, with persistent high arterial

tension, and which has trophic nerve disturbance as causative factor.

Morbid Anatomy.—Changes in vessels and stroma, thickening beginning in walls of the vessels, then changes in the vessels in general, changes in stroma of kidney, changes in the left ventricle of the heart, marked growth of fibrous connective tissue.

Symptomatology.—Urine large in amount, containing albumen and granular and hyaline casts, great vascular tension, whip-cord pulse.

Treatment of Bright's Disease.—Rest, freedom from worry; keep the skin active, bowels free; Basham's mixture for anæmia and oxygen inhalations.

URÆMIA.

Not necessarily of bilious temperament.
Persistence of attacks.
Flatulent colic.
Indigestion.
Bowels loose.
Constipation makes symptoms much worse.
Headache.
Pulse rapid.
Heart weak.
Urinous odor to breath.
Cold baths detrimental.
Rest beneficial.
Hot baths beneficial.

BILIOUSNESS.

Bilious temperament naturally.
Bilious attacks and recovery.
Flatulent colic.
Indigestion.
Apt to be constipated.
Suffer much less from effects of constipation.
Headache.
Liver enlarged.
Urinous odor not present.
Cold bath beneficial.
Exercise beneficial.
Hot baths not helpful.

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